

Center for Medicare & Medicaid Services
Data Administration
Dimensional Data Model Acceptance/Sign Off

Section I - Project Information

Project Name:		Project Acronym:	
Contractor Project Manager:		Phone#/Email:	
Government Task Lead:		Phone#/Email:	
Business Owner:		Phone#/Email:	
Local DA:		Phone#/Email:	
Central DA:		Phone#/Email:	

Section II – Business Owner Sign Off

- ☐ I confirm that the Dimensional Data Model for the Application **<Name>** satisfies the business requirements that were base-lined on **<mm/dd/yyyy>**.
- ☐ I waive the business review in writing.

Business Owner Signature:		Date:	
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Section III – Central DA Approval

This is your notification that Central Data Administration (CDA) has approved the Dimensional Data Model **<name>**.

Exceptions to CMS Data Administration standards were granted in the following instances:

- ☐ None
- ☐ List exceptions:

Central DA Signature:		Date:	
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Following this review and approval, your project team should comply with the ongoing requirements below:

- Send a copy of the completed dimensional model to CDA (CMS DataAdmin@cms.hhs.gov) for storage in the metadata repository.
- Keep your data model updated with any new or revised business attributes and definitions, and resubmit the data model to CDA for approval of any changes.

Thank you for working with Central DA on this data model development and review. We are always interested in any comments that will help us improve our review criteria and/or review process.